

Social Program

Participation Form

"Engaging social activities for individuals with developmental disabilities"

Name: _____

Phone #: _____

Address: _____

(Please check one)

Participant is independent: _____

Participant lives with: parent _____ guardian _____ group home _____

Care provider/emergency contact: name: _____ phone# _____

name: _____ phone# _____

All information requested is for the safety of all participants involved as well as the staff of each event. Information will only be shared with those staff members whose knowledge of such information is necessary.

Dietary Restrictions:

Behavioral Tendencies:

Additional Concerns/Special Needs:

Our staff coverage for most activities averages a 1:8 ratio. If the participant requires more attention than our staff is able to provide, we request that a caregiver accompany the participant to the activities. Please review our list of activities thoroughly, and make our staff aware of any specific concerns you may have about the participant in any certain situations.

Participant: _____

Date: _____

Caregiver: _____

Date: _____

Office Use Only
